

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>AS</i>		<i>04/13/00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>nic</i>	<i>45</i>	<i>2/16</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			
		<i>71471</i>	<i>3/8</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	4-20-92	
	✓	5-24-92	
	✓	3-7-93	
	✓	7-10-93	
	✓	11-3-93	
	✓	4-10-94	
2	✓		
3	✓		
4	✓		
5	✓		
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12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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